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| ΡΔΤΕΝΤ ΔΡΡΙΙ | <b>ICATION FFE</b> | DETERMINATION | RECORD |
|--------------|--------------------|---------------|--------|
|--------------|--------------------|---------------|--------|

Effective October 1, 2001

| Application or Docket Number |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|
| 10057/11                     |  |  |  |  |  |  |  |

| CLAIMS AS FILED - PART I<br>(Column 1)  |             |   | (Colur      | mn 2)                | SMALL ENTITY TYPE               |                  | TITY      | OTHER THAN OR SMALL ENTITY |                        |                  |                     |                        |
|---|-------------|---|-------------|----------------------|---------------------------------|------------------|-----------|----------------------------|------------------------|------------------|---------------------|------------------------|
| TOTAL CLAIMS  |             | 2.0                                       |             | (Coldmit 2)          |                                 | ľ                | RATE      | FEE                        |                        | RATE             | FEE                 |                        |
| FO  |             |   | ILED        | NUMBI                | ER EXTRA                        |                  | BASIC FEE | 370.00                     | OB                     | BASIC FEE        |                     |                        |
| _   |             | AL CHARGEABLE CLAIMS 20 minus 20=         |             | * 0                  |                                 |                  | X\$ 9=    |                            | OR                     | X\$18=           |                     |                        |
| INDEPENDENT CLAIMS 7 minus 3  |             |   |             | *                    | 0                               |                  | X42=      |                            |                        | X84=             |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |             |   |             | !                    |                                 | ` <b> </b>       |           |                            | OR                     |                  |                     |                        |
| t If the difference in column 1 is less than zoro, onto   |             |   | r "O" in c  | olumn 2              |                                 | +140=            |           | OR                         | +280=                  | 1 1:             |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" i  |             |   |             |                      |                                 | Oldfill 2        |           | TOTAL                      |                        | OR               | TOTAL               | =1-2+0                 |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |             |   |             |                      |                                 |                  | SMALLE    | NTITY                      | OR                     | OTHER<br>SMALL I |                     |                        |
| ENT A   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |           | RATE                       | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>  | Total       | *   | Minus       | **                   |                                 | =                |           | X\$ 9=                     |                        | OR               | X\$18=              |                        |
| ME  | Independent | *   | Minus       | ***                  |                                 | =                |           | X42=                       |                        | OR               | X84=                |                        |
| Ĺ   | FIRST PRESE | NTATION OF MI                             | JLTIPLE DEF | PENDEN               | T CLAIM                         |                  | ,         | +140=.                     |                        | OR               | +280=               |                        |
|   |             |   |             |                      |                                 |                  | i         | TOTAL                      | -                      | اما              | TOTAL<br>ADDIT. FEE |                        |
|   |             | (Column 1)                                |             | (Colu                | mn 2)                           | (Column 3)       |           | ADDIT. FEE                 |                        |                  |                     |                        |
| AMENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |           | RATE                       | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| NOW   | Total       | *   | Minus       | **                   |                                 | =                |           | X\$ 9=                     |                        | OR               | X\$18=              |                        |
| AME   | Independent | *   | Minus       | ***                  |                                 | =                | 11        | X42=                       |                        | OR               | X84=                | •                      |
|   | FIRST PRESE | NTATION OF M                              | JLTIPLE DEF | PENDEN               | 1 CLAIM                         |                  | L         | +140=                      |                        | OR               | +280=               |                        |
|   |             |   |             |                      |                                 |                  | •         | TOTAL                      |                        | 00               | TOTAL<br>ADDIT. FEE |                        |
| ٤.  |             | (Column 1)                                |             | (Colu                | ımn 2)                          | (Column 3)       |           | ADDIT. FEE                 |                        | •                | ADDII. FEE          |                        |
| AMENDMENT C   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIG<br>NUM<br>PREV   | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |           | RATE                       | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total       | *   | Minus       | **                   |                                 | =                |           | X\$ 9=                     |                        | OR               | X\$18=              |                        |
| AME   | Independent | *   | Minus       | ***                  | <del></del>                     | -                | $\  \ $   | X42=                       |                        | OR               | X84=                |                        |
|   | FIRST PRESE | NTATION OF M                              | ULTIPLE DEI | PENDEN               | II CLAIM                        |                  | J         | +140=                      |                        | OR               | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |             |   |             |                      |                                 |                  |           |                            |                        |                  |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |   |             |                      |                                 |                  |           |                            |                        |                  |                     |                        |